

AHM Family Resource Center at Gilead Hill School, Hebron
Romp and Stomp Registration Form

For Office Use: Ck #: Cash

Today's Date: _____

I am interested in Romp and Stomp in _____ February _____ March

Parents' Names: _____

Address: _____ Town: _____ E-Mail address: _____

Child's Name: _____ Birth Date: _____

Best Phone to reach you: _____ Alternate Phone: _____

Person bringing child if other than parent: _____

Relationship to Child: _____ Phone: _____

In the event of an emergency involving you (the parent) whom should we contact?

Name: _____ Relationship to you: _____ Phone: _____

AHM Information

Do you wish to receive information about additional AHM Sponsored Activities, Events and services? ____ Yes ____ No

Photo Release

I, _____ do/do not give permission to have any
(Please print parent name) (Please circle one)
photographs taken of my child(ren) _____ for use in the Play
Child's Name
and Learn Program. I understand that the photograph(s) will be used for activity purposes in the program.

I, _____ do/do not give permission to have
(Please print parent's name) (please circle one)
photographs taken of my child(ren) _____ to be submitted to
Child's Name
newspapers/magazines/newsletters/AHM website

Parent Signature: _____ **Date:** _____